INTERDISTRICT PUBLIC SCHOOL CHOICE PROGRAM

NOTIFICATION TO PARENT OR GUARDIAN RE STUDENT PARTICIPATION IN THE INTERDISTRICT PUBLIC SCHOOL CHOICE PROGRAM

(SAMPLE)

TO:	(Name of Parent/Legal Guardian)
FROM:	(Name), Superintendent Name of District of Residence
DATE:	[first cycle: November 25, 2003] [second cycle: March 25, 2004]
We have reviewed your Notice of Intent to Enroll (Name of student) in a choice district for the school year beginning September 2004 and have determined that (Name of student)	
Check one:	
1may participate in the Interdistrict Public School Choice Program. A copy of this notice must be included with the Application for Enrollment submitted for the student to the choice district.	
	of participate in the Interdistrict Public School Choice Program because <u>(provide nation for determination made by district of residence.)</u>
IN FIRST AP	PLICATION CYCLE ONLY:
	n entered on the waiting list. The number assigned to the student is The ecome eligible to participate in the Interdistrict Public School Choice Program during lication cycle.
Due to parent/legal guardian by [first cycle: November 25, 2003] [second cycle: March 25,2004]	